

# WORKSHOP INFORMATION SHEET

Kurrajong ONE DAY TRIMMING WORKSHOP Saturday 10<sup>th</sup> June 2017

**Please Read This Sheet Carefully and Keep For Future Reference**

- ADDRESS:** Kurrajong Farmhouse, 63 Oswald Park Place , Kurrajong NSW 2758
- WHAT TIME:** We suggest you arrive at 8.15 am to settle your horse and finalise registration. The lecture starts at 8.45 am **sharp**, and finishes around 4.30 pm.
- BOOKINGS:** **Ph:** 03 57734306 (leave message) **Fax:** 03 57734307  
email: [admin@barehoofcare.com](mailto:admin@barehoofcare.com)  
**COURSE PLACEMENTS FILLED IN ORDER OF PAYMENTS RECEIVED (full participants limited to 10).**
- VENUE HOST:** For directions and venue specific questions please contact: Debbie Beanland 0403 010175  
(not for bookings) [debbiebeanland@gmail.com](mailto:debbiebeanland@gmail.com)
- WHAT TO BRING:** **Your lunch and a folding chair.** Morning and afternoon tea is provided.  
Anything you might need for note taking.  
Please wear thick jeans and strong boots.  
Your horse (Full participants only) feed and feed containers, water taps available.  
Suitable mature calm horse for you to learn on. **NO STALLIONS, FOALS OR YEARLINGS**  
Own electric fence to make a 10m x 10m temporary yard within either of the two spare 1 acre paddocks, or portable metal yards.
- PLEASE NOTE:** At the end of the day we require you to clean up after your horse.  
Accommodation is available at Kurrajong Farmhouse if required. Please contact Debbie on 0403 010 175
- TRIMMING TOOLS:** **We have aprons and tool kits available for you to use at the clinic.** If you have some tools bring your own. We also have a supply of **new tools** available for purchase at the clinic (see attached list). **It is best to avoid very cheap tools** as they are often hard to use and will not be sharp. Good tools make the job so much easier.
- FEES:** **\$ 250 Full Participation which** includes a free pair of trimming gloves, all lectures, comprehensive notes, the cadaver trim and trimming a horse under our guidance.  
**(GST INCLUSIVE)**
- \$170 Auditor** includes a free pair of trimming gloves, all lectures, notes and the cadaver trim, participation in afternoon but not trimming a horse under guidance.
- REFUND POLICY:** Cancellations – all fees, less \$50, will be refunded if a medical or vet certificate is provided within seven days preceding the workshop. Alternatively, participants may transfer to another workshop for an additional \$50. A full refund will be issued should it be necessary for a clinic to be cancelled.  
**(\$50 NRD)**

## TO REGISTER FOR THE WORKSHOP:

A deposit or full payment is required when registering to secure your position. Please contact us to make sure that there is a position available before sending in registration/payment. Full payment is required at least two weeks prior to the workshop. This helps us with our organisation. Please sign and return the attached Booking Form and **Waiver Form (this must be witnessed)** along with your payment details to: **Andrew Bowe 470 Middle Creek Road, Yarck, Vic 3719** or Fax 03 57734307.

## PAYMENT OPTIONS:

1. Write cheque or money order to **A Bowe** and mail to us with the attached booking form and waiver form.
2. Direct deposit to: Commonwealth bank Alexandra: MRS N AND MR A BOWE BSB: 063628 ACCOUNT: 10086772 please quote name and clinic date. Please post or email booking form and waiver form.

**No dogs allowed. Please contact us for special considerations.**



## **Kurrajong BOOKING FORM**

Trimming Workshop On: \_\_\_\_\_ At: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Full Participant /Auditor (please circle)

I have enclosed a cheque/money order for \$ \_\_\_\_\_

**OR**

I have direct deposited \$ \_\_\_\_\_

into Commonwealth Bank: MRS N AND MR A BOWE BSB: 063628 ACCOUNT: 10086772 **with my name and workshop date attached.**

**OR**

By Credit Card: Workshop Amount \$ \_\_\_\_\_ Plus \$4.00 surcharge Total \$ \_\_\_\_\_

Type: \_\_\_\_\_ (Visa or Mastercard)

Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Exp Date \_\_\_\_ / \_\_\_\_

Name on card \_\_\_\_\_

Signature: \_\_\_\_\_

If posting forms please return to: **Andrew Bowe, 470 Middle Creek Rd, Yarck, Vic, 3719**

**OR: FAX: 03 5773 4307**

**OR: EMAIL: admin@barehoofcare.com**